FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000047370 (8)

1. Corporation Name

DIVERSIFIED INTERMARKET, INC.

Principal Place of Business	Mailing Address
4023 NO. ARMENIA AVENUE STE 310 TAMPA FL 33607	4023 NO. ARMENIA AVENUE STE 310 TAMPA FL 33607

3. Date Incorporated or Qualified: 06/19/1995
3a. Date of Last Report:

2. Principal Place of Business
- 21: 4023 NO.ARMENIA AVE.
- Suite, Apt. #, etc. 22: SUITE 400
- City & State 23: TAMPA, FL.
- Zip 24: 33607 — Country 25: USA

2a. Mailing Address
- 26: 4023 NO. ARMENIA AVE.
- Suite, Apt. #, etc. 27: SUITE 400
- City & State 28: TAMPA, FL.
- Zip 29: 33607 — Country 30: USA

4. FEI Number: 59-3322598 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MARSDEN, CLARENCE
4023 NO. ARMENIA AVENUE STE 310
TAMPA FL 33607

10. Name and Address of New Registered Agent
- 81 Name: LUIS A. DAVILA
- 82 Street Address (P.O. Box Number is Not Acceptable): 4023 N. ARMENIA AVE.
- 83: SUITE 400
- 84 City: TAMPA FL 85 Zip Code: 33607

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE [signature] LUIS A. DAVILA 06/13/1996
Signature, typed or printed name of new Registered agent and title if applicable — DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	MARSDEN, CLARENCE	
STREET ADDRESS	4023 NO. ARMENIA AVENUE STE 310	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☒ Change ☐ Addition
1.2 NAME	LUIS A. DAVILA	
1.3 STREET ADDRESS	4023 N. ARMENIA AVE. SUITE 400	
1.4 CITY-ST-ZIP	TAMPA, FL. 33607	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 06/13/1996 (813)872-8620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #